

Entered -04/23/01 - sb
CL 01L0253 - GWENDOLYN BURNS

CLAIM OF: NEAL S. CASON
215 Chastain Commons
Atlanta, Georgia 30542

01- R-0810

For property damages alleged to have been sustained as a result of a
sewer backup on October 12, 2000 at 215 Chastain Commons.

THIS ADVERSED REPORT IS
APPROVED

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0253

Date: May 16, 2001

Claimant /Victim NEAL CASON
 BY: (Atty) (Ins. Co.) _____
 Address: 215 Chastain Commons, Atlanta, Georgia 30342
 Subrogation: _____ Claim for Property damage \$ 1,500.00 Bodily Injury \$ _____
 Date of Notice: 4/12/01 Method: Written, Proper X Improper _____
 Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
 Date of Occurrence 10/12/00 Place: 215 Chastain Commons
 Department PUBLIC WORKS Division Sewer Operations
 Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: Claimant alleges that he sustained property damages from a sewer back up. However, the claim as presented does not comply with the same requirements of notice as set forth in O.C.G.A. Section 36-33-5(b). The six month statute of limitation expired prior to receipt of the claim. Notwithstanding this fact, a previous investigation concluded his backup was caused by a grease blockage which resulted from grease entering the system from the restaurants up stream on Powers Ferry Road, NE, which is a violation of the City's grease ordinance (Atlanta City Code § 154-297). (See former claims 97L0659 and 00L0091)

INVESTIGATION:

Statements: City employee X Claimant _____ Others _____ Written _____ Oral X
 Pictures _____ Diagrams _____ Reports: Police _____ Dept Report X Other X
 Traffic citations issued: City Driver _____ Claimant Driver _____
 Citation disposition: City Driver _____ Claimant Driver _____


BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____
 Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____
 City not involved _____ Offer rejected _____ Compromise settlement _____
 Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
 Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


 INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____
 Claims Manager:  Concur/date 05-16-01
 Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

BURNS
04/19/01

Today's Date: 4-5-01

Dear Municipal Clerk:

ENTERED - 4-23-01 - SB
01L0253 - GWEN BURNS

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 217,500.00 property and/or \$ 100,000.00 bodily injury for which I contend the City is liable.

1. Date of incident: October 12, 2000 2. Time of Incident: _____ 3. Police called: _____
(month/day/year) Yes No

4. Location of incident (including street address): 215 CHASTAIN COMMONS

5. Name of your insurance company: ST. PAUL Policy No. PK 06807800

6. State what and how incident occurred: CITY SEWER LINE BACKED UP AGAIN FOR THE 5th TIME IN 3 YRS (SEE CLAIMS DATED 10/22/97; 2/10/2000). RAW SEWAGE FROM CITY LINE WENT RELEASED FOR SEVERAL HOURS THAT COVERED MY BACK YARD! CAME INTO OUR BASEMENT. BASEMENT HAD TO BE COMPLETELY REDONE (CARPET, PAINT ETC). THIS PROBLEM WILL CONTINUE TO OCCUR UNLESS CITY INSTALLS BACKFLOW VALVE OFF MY PROPERTY.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: _____
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: _____
(Name) (Address) (Telephone Number)

10. The acknowledgement of this claim in no way waives the sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and / or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Neal S. Cason
Signature of Claimant

NEAL S. CASON

(Print Claimant's Name)

215 CHASTAIN COMMONS

(Address)

ATLANTA, GA. 30542

(City, State and Zip Code)

404-252-0085

(Work Number)

404-255-4345

(Home Number)

01-R-0810